Imperial County Public Health Department
Environmental Health Division
Participating Agency
1221 W. State Street, Suite B, El Centro, CA 92243
(442) 265-1888 Fax (442) 265-1903 hazamathealth@co.imperial.ca.us

Plan Check Permit # _____

PART I - UNDERGROUND STORAGE TANK (UST) PLAN CHECK PERMIT APPLICATION

GENERAL INFORMATION

FACILITY NAME: CERS ID:

FACILITY ADDRESS:

TANK OWNER	TANK OPERATOR
Name:	Name:
Address:	Address:
City: State: Zip	City: State: Zip:
Phone: E-Mail: :	Phone: E-Mail:

CONTRACTOR INFORMATION

Contractor Name: Contact Name:

Mailing Address:

Phone: License E-mail:

PLAN CHECK (FEE) CATEGORY

Tank System Closure along with new Tank Installation - Complete Part I, II, and III of Plan Check Application	
Plan check, tank system installation, closure in place or removal, soil sampling observation (40 hours)	**$4,560.00 ****
New Tank Installation - Complete Part I and II of Plan Check Application	
Plan check, tank installation, major modification, inspection (30 hours)	**$3,420.00 ****
Tank System Closure – Complete Part I and III of Plan Check Application	
Plan Check, closure in place or removal, soiling sampling observation, inspection (20 hours)	**$2,280.00 ****
Tank System Modification – Complete Part I and IV of Plan Check Application	
Minor modification, upgrade, or repair (6 hours)	**$684.00 ****
Miscellaneous Applicable Fees	
Time Extension Request: One time extension for permit	**$163.00**
Failure to Appear to a Scheduled Inspection: Minimum 1 hour billed at the division hourly rate	**$163.00 per hour**
**** Work started and/or completed without permit or work performed outside the approved scope of work. fees are doubled.**	**Fee doubled**

SCOPE OF WORK

Description:

- UST tank owner/operator and contractor(s) are required to comply fully with all applicable Federal, State, and Local regulations concerning the installation/removal/repair/upgrade of the underground storage tank system.
- No work is to begin on the proposed project until a permit has been issued.
- UST tank owner/operator and contractor(s) shall notify the following agencies for applicable regulatory requirements concerning with proposed project/scope of work:
- Imperial County Air Pollution Control District (APCD)
- Local Building/Planning Department
- Local Fire Department

PLAN CHECK SUBMITTAL INFORMATION

Submit completed plan check application, plans, and supporting documents with the corresponding fee; large documents can be emailed to: hazmathealth@co.imperial.ca.us . Acceptable forms of payment are: checks, cash, and credit cards (including over the phone payments with applicable service fee). Checks shall be made payable to: **Imperial County Environmental Health Division**.

OFFICE USE ONLY

Payment Information:

Date Received:	Plan Approved: